

In the Claims:

1. (Currently Amended) A method of performing a cardiac procedure;
using a rigid endoscopic cannula having a transparent distal tip and at least one
access port extending to an open distal end, the method comprising the steps for:
 - (a) making a subxiphoid incision to provide an entry point for ~~an~~ the
endoscopic cannula ~~having at least one access port~~;
 - (b) inserting ~~a rigid~~ the endoscopic cannula into the subxiphoid incision
~~having a transparent tip at a distal end thereof~~;
 - (c) advancing the tip of said endoscopic cannula through tissue to the
pericardium under endoscopic visualization through the tip; and
 - (d) advancing a surgical instrument beyond the distal tip through said at least
one access port and the open distal end thereof ~~of said endoscopic cannula~~.
2. (Currently Amended) A method according to claim 1, further
comprising the steps for:
 - (e) after step (c) and before step (d), ~~providing~~ forming an opening in the
pericardium under endoscopic visualization through the tip for the advancement of
said endoscopic cannula into the pericardium;
 - (f) after step (e) and before step (d), advancing said endoscopic cannula into
the pericardium through said opening; and
 - (g) after step (d), performing the surgical procedure on the heart.

3. (Original) The method of claim 1, wherein the subxiphoid incision has a length no longer than required for insertion of the endoscopic cannula.

4. (Original) The method of claim 1, wherein only a single subxiphoid incision is made.

5. (Original) The method of claim 1, wherein at least one additional subxiphoid incision is made during step (a), and the method also includes the step of:

(e) inserting an additional surgical instrument through said at least one additional incision.

6. (Previously Amended) The method of claim 1, further comprising:
laterally expanding a passage through tissue from the subxiphoid incision to provide a dilated cavity to facilitate insertion of the endoscopic cannula.

7. (Currently Amended) The method of claim 2, wherein said opening in the pericardium is ~~provided~~ formed by manipulating an entry instrument through the at least one access port and beyond the distal end thereof ~~of the rigid~~ endoscopic cannula.

8. (Withdrawn) The method of claim 7, wherein the endoscopic cannula has a lumen and the pericardial entry instrument is advanced to the pericardium through the lumen.

9. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a stapler for stapling off the atrial appendage.

10. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is an ablation device.

11. (Original) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for performing epicardial mapping.

12. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for performing intrapericardial drug delivery.

13. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for performing a myocardial biopsy.

14. (Previously Cancelled)

15. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a needle for injecting cardiac muscle cells or undifferentiated satellite cells for cellular cardiomyoplasty.

16. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a cannula for injecting pharmacological agents for angiogenesis.

17. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a robotic, cutting, stabilizing, or anastomotic instrument for performing coronary artery bypass or coronary artery bypass grafting.

18. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is an energy probe or mechanical piercing element for piercing the heart muscle for transmyocardial revascularization.

19. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a device for creating a pericardial window.

20. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a stapler for stapling off the atrial appendage.

21. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a suture loop for cinching off the atrial appendage.

22. (Withdrawn) The method of claim 1, wherein said surgical instrument advanced in step (d) is a clip for sealing off the atrial appendage.

23. (Previously Amended) The method of claim 2, wherein said opening is formed at a location near the apex of the heart.

24. (Currently Amended) The method of claim 2, wherein the rigid endoscopic cannula is advanced during step (f) to a location at the anterior region of the heart and is then swept throughout regions within the pericardium including the posterior region of the heart.

25. (Currently Amended) The method of claim 2 performed with an entry instrument for gripping and cutting tissue, wherein step (e) includes the steps for:

gripping a flap of the pericardium under endoscopic visualization using an the entry instrument introduced through the at least one access port of the endoscopic cannula and extended beyond the open distal end thereof; and

cutting said flap of the pericardium while spaced away from the underlying heart to ~~create an~~ form said opening in the pericardium under endoscopic visualization.

26. (Previously Amended) The method of claim 25, wherein step (e) further comprises the step for:

aligning the entry instrument substantially tangentially to the pericardium under endoscopic visualization while gripping the flap of the pericardium.

27. (Previously Amended) The method of claim 25, wherein the cutting step further comprises cutting the flap of the pericardium while spaced away from the underlying heart.

28. (Withdrawn) A method of performing a surgical procedure on a mediastinal organ other than the heart, comprising the steps of:

(a) making a subxiphoid incision to provide an entry point for an endoscopic cannula, wherein said endoscopic cannula has at least one access port;

(b) inserting said endoscopic cannula into the incision;

(c) advancing said endoscopic cannula to a surgical site within the mediastinum under endoscopic visualization; and

(d) advancing a surgical instrument through said at least one access port of said endoscopic cannula.

29. (Withdrawn) The method of claim 28, further comprising the step of:

(e) after step (d), performing the surgical procedure on said mediastinal organ.

30. (Withdrawn) The method of claim 28, wherein the subxiphoid incision has a length no longer than required for insertion of the endoscopic cannula.

31. (Withdrawn) The method of claim 28, wherein only a single subxiphoid incision is made.

32. (Withdrawn) The method of claim 28, wherein at least one additional subxiphoid incision is made during step (a), and the method also includes the step of:

(e) inserting an additional surgical instrument through said at least one additional incision.

33. (Withdrawn) The method of claim 28, further comprising:

(e) before step (b), using a dilation tool to provide a dilated cavity to facilitate insertion of the endoscopic cannula.

34. (Currently Amended) A method of performing a cardiac procedure with a rigid endoscopic cannula having a laterally expandable sheath overlying the endoscopic cannula, comprising the steps for:

(a) incising skin overlying an entry point for the cardiac procedures;

(b) inserting the rigid endoscopic cannula with the expandable sheath into the incision;

(c) advancing the endoscopic cannula through tissue under endoscopic visualization to form a passage of dissected tissue between the incision and toward the pericardium under endoscopic visualization; and

(d) laterally expanding the sheath within the passage responsive to passing the endoscopic cannula through the expandable sheath to form a working cavity in dilated tissue along the passage.

35. (Currently Amended) The method of claim 34 wherein dilating the working cavity further comprises:

laterally expanding the sheath responsive to withdrawing the endoscopic cannula from the sheath in a direction toward ~~the~~ a proximal end thereof.

36. (Previously Amended) The method of claim 34 further comprising the step for:

(e) dilating the working cavity to larger lateral dimensions than the endoscopic cannula responsive to insertion into the expandable sheath of surgical tools having dimensions greater than the endoscopic cannula.

37. (Previously Amended) The method of claim 34 further comprising the steps for:

(e) inserting into a proximate end of the expandable sheath a surgical tool for performing a cardiac procedure in which the surgical tool has a maximal lateral

dimension greater than a maximal lateral dimension of the expandable sheath overlying the endoscopic cannula;

(f) advancing the surgical tool within the expandable sheath toward a distal end thereof to laterally expand the expandable sheath; and

(g) performing a cardiac procedure using the surgical tool.

38. (Withdrawn) An endoscopic cannula, comprising:

a cannula, having an elongated body having arcuate shape and defining at least one lumen;

a tip positioned at a distal end of said elongated body, said tip having a tapered distal end and being transparent for facilitating visualization through said tip; and

an endoscope, positioned at least partially in said at least one lumen for providing visualization of a surgical procedure through said transparent tapered tip.

39. (Withdrawn) The endoscopic cannula of claim 38, wherein said cannula is composed of a flexible material.